



DEPARTMENT OF LABOR

Office of Workers' Compensation Programs

Division of Federal Employees' Compensation

Proposed Extension of Existing Collection;  
Comment Request

**ACTION:** Notice

**SUMMARY:** The Department of Labor, as part of its continuing effort to reduce paperwork and respondent burden, conducts a preclearance consultation program to provide the general public and Federal agencies with an opportunity to comment on proposed and/or continuing collections of information in accordance with the Paperwork Reduction Act of 1995 (PRA95) [44 U.S.C. 3506(c)(2)(A)]. This program helps to ensure that requested data can be provided in the desired format, reporting burden (time and financial resources) is minimized, collection instruments are clearly understood, and the impact of collection requirements on respondents can be properly assessed. Currently, the Office of Workers' Compensation Programs is soliciting comments concerning the proposed collection: **Notice of Recurrences (CA-2a)**. A copy of the proposed information collection request can be obtained by contacting the office listed below in the addresses section of this Notice.

**DATES:** Written comments must be submitted to the office listed in the addresses section below on or before [insert date 60 days from the date of publication].

**ADDRESSES:** Ms. Yoon Ferguson, U.S. Department of Labor, 200 Constitution Ave., NW, Room S-3201, Washington, D.C. 20210, telephone (202) 693-0701, fax (202) 693-1447, Email [ferguson.yoon@dol.gov](mailto:ferguson.yoon@dol.gov). Please use only one method of transmission for comments (mail, fax, or Email).

#### **SUPPLEMENTARY INFORMATION**

**I. Background:** The Office of Workers' Compensation Programs administers the Federal Employees' Compensation Act, (5 USC 8101, et seq.), which provides for continuation of pay or compensation for work related injuries or disease that result from federal employment. Regulation 20 CFR 10.104 designates form CA-2a as the form to be used to request information from claimants with previously-accepted injuries, who claim a recurrence of disability, and from their supervisors. The form requests information relating to the specific circumstances leading up to the recurrence as well as information about their employment and earnings.

The information provided is used by OWCP claims examiners to determine whether a claimant has sustained a recurrence of disability related to an accepted injury and, if so, the

appropriate benefits payable. This information collection is currently approved for use through June 30, 2014.

**II. Review Focus:** The Department of Labor is particularly interested in comments which:

- \* evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;

- \* evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;

- \* enhance the quality, utility and clarity of the information to be collected; and

- \* minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submissions of responses.

**III. Current Actions:** The Department of Labor seeks the approval for the extension of this currently approved information collection in order to ensure the accurate payment of benefits to current and former Federal employees with recurring work-related injuries.

**Type of Review:** Extension.

**Agency:** Office of Workers' Compensation Programs.

**Title:** Notice of Recurrences

**OMB Number:** 1240-0009.

**Agency Number:** CA-2a.

**Affected Public:** Individuals or households.

**Total Respondents:** 258.

**Total Annual Responses:** 258.

**Average Time per Response:** 30 minutes.

**Estimated Total Burden Hours:** 129.

**Frequency:** Annually

**Total Burden Cost (capital/startup):** \$0.

**Total Burden Cost (operating/maintenance):** \$126.

Comments submitted in response to this notice will be summarized and/or included in the request for Office of Management and Budget approval of the information collection request; they will also become a matter of public record.

**DATED:** March 10, 2014

Yoon Ferguson  
Agency Clearance Officer,  
Office of Workers' Compensation Programs  
US Department of Labor

Billing Code No. 4510-CH-P

[FR Doc. 2014-05981 Filed 03/17/2014 at 8:45 am; Publication  
Date: 03/18/2014]